

## **INSTRUCTIONS FOR OPEN ENROLLMENT PLAN CHANGES**

In order to complete any changes during open enrollment, the following materials **must** be provided **no later than Friday, September 29, 2017.**

All forms can be accessed on the Human Resources - Benefits Webpage <http://mtsac.edu/hr/benefits>

- ☐ Complete the Health, Dental & Vision Insurance Plan Election Form for **any change** in health or dental plan. **(REQUIRED)**

### **If you are making any changes to your health plan:**

- ☐ Complete the CalPERS Health Benefit Plan Enrollment Form. **(REQUIRED)**
- ☐ Provide copies of the following **required** document(s):
- Birth Certificate - if adding dependent(s)
  - Marriage Certificate - if adding spouse
  - Certificate of Registration of Domestic Partnership – if adding domestic partner
  - Social Security Card(s) for all dependent(s)/spouse/registered domestic partner

### **If you are making changes to your dental plan:**

- ☐ Complete the Delta Dental Enrollment/Change Form. **(REQUIRED)**
- ☐ Provide copies of the following **required** document(s):
- Birth Certificate - if adding dependent(s)
  - Marriage Certificate - if adding spouse
  - Certificate of Registration of Domestic Partnership – if adding domestic partner
  - Social Security Card(s) for all dependent(s)/spouse/registered domestic partner

### **If you are adding or re-adding previously removed dependents/spouse/registered domestic partner to your vision-VSP plan:**

- ☐ Provide copies of the following **required** document(s):
- Birth Certificate - if adding dependent(s)
  - Marriage Certificate - if adding spouse
  - Certificate of Registration of Domestic Partnership – if adding domestic partner
  - Social Security Card(s) for all dependent(s)/spouse/registered domestic partner

### **If you are making changes to your Supplemental Life Insurance:**

- ☐ Complete the MetLife Enrollment Form **(REQUIRED)**
- Return form to the Benefits Specialist in Human Resources
- ☐ Complete Statement of Health Form
- Statement of Health Form is completed and returned to:  
Metropolitan Life Insurance Company  
Statement of Health Unit  
P.O. Box 14069  
Lexington, KY 40512-4069
  - Retain copy of Statement of Health Form for your records.